

## DIVISION OF DEVELOPMENTAL DISABILITIES (DDD)

## **NOTIFICATION OF AGE TEN (10) ELIGIBILITY EXPIRATION**

DATE:				
		Lega	Representative Name and Address	
FOLD HEI	ERE FOR WINDOW ENVELOPE.			
RE:	NOTIFICATION OF AGE TEN (10) ELIGIBI	LITY EXPIRATION		
	equirements for Division of Developmental Dis s eligibility will be reviewed to see if he/she rer			
of the	main eligible as a client with DDD, you must re following eligible conditions: Mental Retardat tion similar to Mental Retardation.			
We ha	ave attached the Required Documentation Tal	ble to let you know what	is needed to make this re-determination	•
To cor	emplete the review:			
•	Complete and sign the enclosed Request for If you want DDD to send for the information all providers.  Return both forms in the enclosed self-address.	n requested, include the r		ers for
eligibil	se respond as soon as possible. If we do not hillity with DDD. Without proper documentation be receiving will expire on their tenth (10 <sup>th</sup> ) birth	of an eligible condition,		
If you	u have questions, please contact		at	
	by of the state rules governing eligibility (WAC /www1.dshs.wa.gov/ddd/index.shtml .	388-823) is available up	on request or online at	
Sincer	erely,			
NAME		TELEPHONE NUMBER	EMAIL ADDRESS	
cc:	Client Legal Representative Client File			
Enclos	osure: Required Documentation Table Consent Form			

Brochures

Request For DDD Eligibility Determination

Notice of Privacy Practices

## REQUIRED DOCUMENTATION

DISABILITY CONDITION	DIAGNOSIS	DIAGNOSTICIAN	OTHER RECORDS
Mental Retardation	Mental Retardation or Down Syndrome	Licensed Psychologist or Certified School Psychologist Licensed Physician	Psychological assessment and Full Scale IQ score
Cerebral Palsy	Cerebral Palsy Quadriplegia Hemiplegia Diplegia	Licensed Physician	Onset prior to age 3  Assessments with information about the need for physical assistance with toileting, bathing, eating, dressing, mobility, or communication
Epilepsy	Epilepsy or Seizure disorder	Board-Certified Neurologist	Diagnosis based on medical history and neurological testing.  Conformation from physician or neurologist of uncontrolled and ongoing or recurring seizures
Autism	Autism or Autistic Disorder Per 299.00 in DSM-IV-TR	Board eligible Neurologist Board-eligible Psychiatrist Licensed Psychologist Board Certified Developmental and Behavioral Pediatrician	DSM IV diagnostic criteria  Evidence of delay or abnormal functioning prior to age 3 in social, language, communication skills or symbolic or imaginative play.
Another Neurological	Central nervous system impairment	Licensed Physician	Full Scale IQ score  Assessment with information about the need for physical assistance with toileting, bathing, eating, dressing, mobility, or communication.
Other Condition	A condition or disorder that by definition results in both intellectual and adaptive skills deficits; and Is due to a neurological condition, central nervous system disorder, or chromosomal disorder.	Licensed Physician or Licensed Psychologist.	Full Scale IQ score Evidence of academic delays
Medically Intensive (only through age 17)	N/A	N/A	Eligibility for DSHS Medically Intensive Program

Note: This documentation is the first step in determining eligibility. DDD may require additional information or assessments